



Protected Family and Medical Leave Response Form

Read all instructions before completing this form.

King County must complete this form **within five business days**, absent extenuating circumstances, to respond to an employee's leave request. One copy is provided to the employee and one is provided to the department human resources contact or designee. If leave has already begun, mail a copy to the employee's home address; if leave is denied, complete the denial section and return form to employee.

Employee requesting leave

Employee name _____ Employee ID 0000

Leave request type and response – check all that apply

If leave is for a family member, enter name and relationship of family member: _____

FMLA/WFLA leave – Paid or unpaid leave	Serious health condition of: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> In loco parentis <input type="checkbox"/> Child <input type="checkbox"/> Military service member <input type="checkbox"/> Parent of employee <input type="checkbox"/> Washington state registered domestic partner (WFLA only) <input type="checkbox"/> Washington state registered domestic partner child (WFLA only) <input type="checkbox"/> Child bonding: birth of son/daughter, care for newborn, placement for adoption or foster care <input type="checkbox"/> Employee workers' compensation injury/illness Claim No. _____ <input type="checkbox"/> Qualifying exigency leave associated with call to active duty
KCFML leave – Unpaid leave only	Serious health condition of: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> In loco parentis <input type="checkbox"/> Domestic partner <input type="checkbox"/> Child of employee, spouse or domestic partner <input type="checkbox"/> Parent of employee, spouse or domestic partner <input type="checkbox"/> Child bonding: birth of son/daughter, care for newborn, placement for adoption or foster care <input type="checkbox"/> Employee workers' compensation injury/illness Claim No. _____
WFCA leave – Paid leave only	Serious/emergency health condition of employee's: <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent <input type="checkbox"/> Parent or spouse's parent or an individual who stands or stood <i>in loco parentis</i> <input type="checkbox"/> WA state registered domestic partner <input type="checkbox"/> WA state registered domestic partner child <input type="checkbox"/> WA state registered domestic partner parent or an individual who stands or stood <i>in loco parentis</i>
Pregnancy, Childbirth and Pregnancy Related Conditions (PCPRC) – Paid or unpaid leave	<input type="checkbox"/> Female King County employee temporarily disabled because of a condition related to pregnancy or childbirth

☐ Approved ☐ Denied (fill in the information below when denying FMLA) because:
☐ Employee has not worked 12 months or more for King County within the previous seven years, and/or
☐ Numbers of hours actually worked for King County within last 12 months were insufficient: _____ hours
☐ Non-qualifying medical condition

Reason for denial: _____

Medical certification and documentation

Medical certification submitted on (date) _____ ☐ is sufficient ☐ is insufficient.

The employee must resubmit a Protected Family and Medical Leave Medical Certification form on the following dates:

☐ Medical certification not yet received; employee must provide medical certification by (date)* _____

Documentation of newborn or adopted/foster child submitted ☐ is sufficient ☐ is insufficient.

*If medical certification is not submitted as required, start of leave may be delayed (if employee is already absent from work, leave may not be treated as job protected). Employee may be subject to recertification every 30 days in connection with an absence unless a minimum duration of the period of incapacity is specified in the original completed certification.

Employee name: _____

Accruals and entitlements

Check one of the following two checkboxes:

☐ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days or weeks will be counted against your FMLA leave entitlements (check one): ☐ Hours _____ ☐ Days _____ ☐ Weeks _____

☐ Because the leave you need will be unscheduled, it is not possible to provide the hours, days or weeks that will be counted against your FMLA entitlement at this time.

As of (date) _____, the employee has the following hours of accrued and other paid leave:

_____ Vacation leave _____ Sick leave _____ Compensatory time _____ Other (describe) _____

In the 12 months before the leave start date indicated on the request form, employee has used:

_____ FMLA hours within previous rolling calendar year ☐ _____ weeks remaining ☐ _____ hours remaining

_____ KCFML hours within previous rolling calendar year ☐ _____ weeks remaining ☐ _____ hours remaining

Key dates

Employee's last day at work: _____

Date leave began: _____ Anticipated return-to-work date: _____

Actual protected leave end date: _____ Actual return-to-work date: _____

Employee rights, responsibilities and notification

- Time away from work for qualified leave reasons will be designated and counted against available leave entitlements.
- The employee must provide a complete and sufficient medical certification for each leave reason. Failure to notify or provide medical certification/releases as required may affect employment status and right to return to work.
- The employee may use paid leave in accordance with King County Personnel Guidelines and/or collective bargaining agreement.
- King County uses the rolling 12-month calendar method to determine leave entitlements.
- While on approved protected family leave and during use of donated leave, the employee receives the same county-paid health (medical/dental/ vision) and insurance (basic life/basic accidental death and dismemberment/basic long-term disability) benefits that the employee had when on active paid status immediately before the leave began.
- If the employee exhausts protected family leave benefits and remains on leave, the employee may choose to pay to continue health benefits under COBRA.
- If the employee enters an unpaid leave status, the employee may choose to pay to continue all of his/her basic and supplemental life, accidental death and dismemberment (AD&D) and long-term disability (LTD) insurance premiums; contact Benefits, Payroll and Retirement Operations at 206-684-1556 for more information.

➤ Employee checklist:

During leave:

- Notify supervisor/department human resources contact or designee if and when circumstances of leave change.
- Correctly code protected leave time on timesheets (if leave is intermittent).
- Make payments to King County for all non-medical insurance (life, AD&D, LTD) once enter an unpaid status (optional).
- Submit complete and sufficient medical certification forms as requested by King County.

Returning from leave:

- Notify supervisor/department human resources contact or designee at least two days before date intend to return to work, including return-to-work date. This is normally discussed many weeks before actual return-to-work date.
- Submit a written release from the health care provider before returning to work (own serious health condition).

Employer authorization (supervisor / department human resources contact or designee)

I am authorized to approve protected family and medical leaves of absence. I will provide copies of this completed form to the employee and Benefits, Payroll and Retirement Operations and notify both if and when there are changes to the circumstances of the leave, including return-to-work status.

Signature _____ Printed name _____ Date _____

Mail stop _____ Phone _____ Department/work group _____

☐ Employee copy ☐ Benefits, Payroll and Retirement Operations copy ☐ Department medical copy ☐ Department payroll copy